



STATE OF NEW HAMPSHIRE
DEPARTMENT OF HEALTH AND HUMAN SERVICES
OFFICE OF COMMUNITY & PUBLIC HEALTH

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Donald L. Shumway
Commissioner

Kathleen A. Dunn
Director

ORDER OF ISOLATION FOR SUSPECTED TUBERCULOSIS PATIENT

To: _____ Address: _____

The Department of Health and Human Services ("the Department") has reason to suspect that you have Tuberculosis (TB). If you have TB you pose a substantial threat to the health of the citizenry. In order to prevent transmission of TB, the Department orders that you be placed in isolation in accordance with RSA 141-C:11. The location where you are to be isolated is _____ . The Department considers this the least restrictive clinically appropriate place of isolation given its belief that you have TB.

During the period of isolation you are to remain apart from other persons. You may not have visitors and you can not have direct contact with other people. During this period you will be required to undergo a medical exam and bodily specimens will be collected for analysis. In addition, you should accept any treatment recommended by your health care providers. Failure to accept treatment may significantly increase the duration of isolation that will be necessary and may require the Department to issue an order compelling treatment as authorized under RSA 141-C:15.

This order will be in effect until you are deemed non-contagious by the Department and therefore no longer pose a substantial threat to the health of the public. It is anticipated that it will take at least 2-4 weeks to verify a diagnosis and render you non-contagious provided you start and respond to treatment. A Department representative will notify you when this occurs.

If you leave the place of isolation designated above without the prior consent of the Department, action will be taken as authorized under RSA 141-C:13,III to have you taken into custody by law enforcement officials and returned to the place of isolation.

If you object to this order of isolation you may request a hearing in the superior court in accordance with RSA 141-C:14-a. You may make this request by filling out the form attached to this order. Once you have completed the form the law enforcement official or other person who delivered this order or other person responsible for maintaining you in isolation will promptly deliver the form to the Superior Court. The court will then schedule a hearing to review this order.

Any questions regarding this order may be directed to Jose Montero, MD at 603-271-4469.

I hereby certify that this order was served in-hand to the above-named individual on _____ at _____ a.m./p.m.

Signature of Commissioner's Designee

Date